

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**

**PROGRAM:** Special Emphasis Assistance

**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** SE09120560      **DATE OF SITE VISIT:** 07/13/2010
2. **GRANT PERIOD:** 07/01/2009 - 09/30/2010
3. **RECIPIENT/IMPLEMENTING AGENCY:**  
County of Ventura District Attorney's Office
4. **PROJECT DIRECTOR:**  
Michael Schwartz, Special Assistance District Attorney

**PERSONS INTERVIEWED DURING SITE VISIT:**

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Catherine Duggan</u>	<u>Senior Program Admin.</u>	<u>DA's Office, V.W.</u>
<u>Barbara Dixon</u>	<u>Program Administrator</u>	<u>DA's Office, VW</u>
<u>Linda Finnerty</u>	<u>Supervisor Victim Services</u>	<u>DA's Office, V.W.</u>
<u>Pat Wood</u>	<u>V/W Advocate (EA)</u>	<u>DA's Office, V.W.</u>
<u>Susy Rios</u>	<u>V/W Advocate (SE)</u>	<u>DA's Office, V.W.</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

   
Signature of Program Specialist

11/01/10  
Date

   
Signature of Section Chief

11/11/10  
Date

   
Signature of Project Representative

   
Date

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES    NO    N/A

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO ) & AMERICAN INDIAN ORGANIZATIONS ONLY

- |  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? <i>[R.H. Section 2161]</i> Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:   |                          |                          |                                     |
| ○ Bonding company's name   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond number  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Description of coverage  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Amount of coverage (50% of allocation)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond period  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Grant award number   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form A, Employee Dishonesty  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form B, Forgery Coverage   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

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#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Certified Exempt   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	YES	NO	N/A
<b>4. <u>PROOF OF AUTHORITY (R.H. Section 1350)</u></b>			

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

For continuously funded grants authorization for grant application has been incorporated into the Preliminary Budget process, eliminating the need to file a separate Board letter for approval of each grant application.

### 5. ORGANIZATIONAL CHART

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the organizational chart. Are all budgeted positions identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). [R. H. Section 7500] ( <i>Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.</i> ) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A modification is needed for the following:   |                                     |                          |                          |
| ○ Budget changes  |                                     |                          |                          |
| ○ Change in key personnel   |                                     |                          |                          |
| ○ Adding/changing additional signers  |                                     |                          |                          |
| ○ Change goals/objectives, or activities  |                                     |                          |                          |
| ○ Address change  |                                     |                          |                          |
| ○ Other   |                                     |                          |                          |

Comments:

### 7. PERSONNEL POLICIES

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project staff have access to written personnel policies as required? [R. H. Section 2130] | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do the personnel policies include:   |                                     |                          |                          |
| ○ Work hours   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Compensation rates including overtime and benefits   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Vacation, sick, and other leave allowances   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Hiring and promotional policies  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
  - Job application ☒ ☐ ☐
  - Resume ☒ ☐ ☐
  - Performance evaluations ☒ ☐ ☐
  - Salary rates ☒ ☐ ☐
  - Benefits ☒ ☐ ☐
  - Current job duties/descriptions ☒ ☐ ☐
  - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

Not all jobs may require a resume.

### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

timesheets are electronically signed/approved by manager and submitted online, then they go to fiscal section for payroll processing

### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
  - Name of individual who approves purchases.  
Ernestine Cook - Fiscal Manager
  - Name of individual who writes checks.  
County Auditor's Office
  - Name of individual(s) who signs checks.  
County Auditor

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- |  | <u>YES</u>                          | <u>NO</u>                | <u>N/A</u>                          |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

supervisor approves hours then they go to fiscal for final approval. There is a separate code for each grant, which tracks salaries and benefits.

#### 11. PROJECT EXPENDITURES

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments:

#### 12. MATCH REQUIREMENTS

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a match requirement?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project meeting the match requirement?                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

#### 13. EEO POLICY

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|-------------------------------------|--------------------------|--------------------------|

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

#### 14. PROGRAM GOALS AND OBJECTIVES

YES NO N/A

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives? ☒ ☐ ☐
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives? ☐ ☒ ☐

Comments:

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements. ☒ ☐ ☐

Comments:

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form? ☒ ☐ ☐
- Review the project's file system and data collection process.

Comments:

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement? ☒ ☐ ☐

Comments:

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? ☒ ☐ ☐

Comments:



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Checklist Items	Yes	No	Comments
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW</b>		<b>SE09010560</b>	
<b>1. MANDATORY SERVICES</b>			
<b>a. Crisis Intervention</b>			
(1) Provide in person/telephone contacts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide crisis intervention and arrange for needed services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b. Emergency Assistance</b>			
(1) Arrange emergency assistance within the first 24 hours after initial contact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Written procedures in place for disbursing funds	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) OA(s) on file with service providers (i.e. shelters)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>c. Resource and Referral Assistance</b>			
(1) Provide non-emergency referrals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) OA(s) on file with service providers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>d. Direct Counseling</b>			
(1) Provide in person or telephone guidance and/or emotional support	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) If counseling is provided, it is at a level that does not require a licensed professional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) If counseling is referred, OA(s) on file with service providers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Refer out, to therapist
<b>e. Victims of Crime Claims</b>			
(1) Assist clients in preparing applications for compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Advocate is aware their role does not include determination of eligibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Is a joint Powers unit locally located	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<b>f. Property Return</b>			
(1) Assist in the return of property held as evidence	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) If property cannot be returned, an explanation is provided	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Victim will get a packet explaining his/her rights, victim will be advised on the right to restitution			

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Checklist Items	Yes	No	Comments
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>			
<b>1. MANDATORY SERVICES (Continued)</b>			
<b>g. Orientation to the Criminal Justice System</b>			
(1) Provide information on the location, procedures, and functions of local criminal justice agencies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	On-going as case moves to different levels
(2) Written material/brochures are available in languages appropriate to local ethnic needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>h. Court Escort</b>			
(1) Provide physical accompaniment during court appearances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Provide physical accompaniment during interviews with law enforcement and prosecution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>i. Presentations and Training for Criminal Justice Agencies</b>			
(1) Conduct informational presentations regarding resources available through V/W Centers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Train at the academy, different units in the office
(2) Conduct informational presentations explaining the rights and needs of victims	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Law enforcement topics, Elder Abuse topics, keeps a log of presentation
<b>j. Public Presentations and Publicity</b>			
(1) Promote public awareness of V/W services through public media	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spanish Radio, Farm Worker and Mexican Consulate outreach, Presentations are limited because of funding
(2) Conduct presentations to victim service organizations and community groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Participate in Victims' Rights Week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>k. Case Status/Case Disposition</b>			
(1) Advise victim of the progress and disposition of case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Assist victim with preparing Victim Impact Statements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>l. Notification of Family/Friends</b>			
(1) Notify victim's relatives and/or friends of the occurrence of the crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upon request
<b>m. Employer Notification</b>			
(1) Notify employer that client was a victim/witness to a crime	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



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(2) Encourage employer to minimize any loss of pay or other benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Advise employer of labor code, most of the time easy to resolve
<b>Checklist Items</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>			
<b>1. MANDATORY SERVICES (Continued)</b>			
<b>n. Restitution</b>			
(1) Assist in obtaining restitution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Both Victim/Witness and Restitution Specialist
(2) Provide the Probation Department, District Attorney, and Court with information relevant the victim's losses prior to the imposition of sentencing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Get in probation report, prepare it right away instead of years later
<b>2. OPTIONAL SERVICES</b>			
(1) Employer Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Creditor Intervention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Child Care Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have children's waiting room run by the court
(4) Witness Notification	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Witness coordinator unit does this
(5) Funeral Arrangements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Don't make them, assist with application, assist with getting contracts
(6) Crime Prevention Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(7) Witness Protection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bureau of Investigation does this
(8) Temporary Restraining Order (TRO) Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Develop safety plans
(9) Transportation Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transport victim, bus tokens
(10) Court Waiting Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>3. AGENCY ORGANIZATION</b>			
<b>a. Facility</b>			
(1) V/W Center is open during normal business hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Waiting Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(3) Private Interview Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>b. Personnel &amp; Organization</b>			
(1) Reporting lines of Authority are consistent with the Project Contact Information form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(2) Authorization for additional signature authority is current	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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(3) Evidence of completion of 40 hour Entry-Level Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In personnel files
<b>SUPPLEMENTAL PROGRAMMATIC REVIEW (Continued)</b>			
<b>b. Personnel &amp; Organization (Continued)</b>			
(4) Evidence of completion of Advance Training, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	A couple of the advocates may need this
(5) Evidence of completion of Coordinator's Training, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(6) Volunteers utilized as required	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<b>Additional Comments / Notes: sample caseloads are reviewed monthly to make sure information is being tracked</b>			